

<b>Case Number:</b>	CM15-0200471		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old male, who sustained an industrial injury on 10-21-14. The documentation on 3-13-15 noted that the injured worker has complaints of sharp pain on the anterolateral aspect of the ankle. The injured worker walks with a limp the dorsalis pedis and posterior tibial pulses are 2 out of 4 bilaterally with both feet warm to touch and vascular perfusion to all digits is noted to be satisfactory. Range of motion is 15 degrees dorsiflexion and 15 degrees plantar flexion in the metatarsophalangeal joint and range of motion of the ankle is guarded due to pain. The documentation on 7-8-15 noted that the injured worker has complaints of low back pain and left ankle and foot pain. The injured workers lower back pain travels to his legs and feet with episodes of numbness and tingling in his legs and feet. The pain increases with prolongs standing, walking, sitting and driving and with bending, twisting and turning. The left ankle and foot pain worsen with weight bearing and he has numbness and tingling in his foot. Lumbar spine examination revealed palpable tenderness noted along the paravertebral musculature. Left foot and ankle examination revealed tenderness over the ankle area on the left with decrease in dorsiflexion and eversion. The injured worker has tenderness over the posterior tibial tendon and the peroneal tendons and tenderness along the heel area as well. X-rays of the foot and ankle were essentially within normal limits. Lumbar spine X-rays showed facet reactive scoliosis and facet arthropathy most marked at L3-L4 and disk spaces are well maintained. Magnetic resonance imaging (MRI) of the left ankle on 2-2-15 revealed mild sprain of the anterior talofibular ligament, the remaining ligamentous complex is intact; no osteochondral lesions are evident and soft tissue edema is evident most prominent laterally. The diagnoses

have included right ankle sprain with residual pain on anterolateral aspect of the ankle; tendonitis of left ankle and lumbar spine sprain and strain. Treatment to date has included medrol dosepak given 3-13-15; pain medication and anti-inflammatory; one session of physical therapy providing him no pain relief. The original utilization review (9-30-15) denied the request for physical therapy 2 times 4 for the left ankle and purchase for custom orthotics for left ankle for not being medically necessary. Several documents within the submitted medical records are difficult to decipher.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Physical Therapy 2x4 for the Left Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. Additionally, no pain relief was noted after physical therapy. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.

#### **Purchase for Custom Orthotics for Left Ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** At issue in this review is a custom orthotic for the left ankle. An ankle sprain is treated with cold and elevation of the foot with a splint or immobilization in severe cases. A temporary cast can be used in tendinitis or tenosynovitis. In this case, the records do not document an ankle sprain or the severity of the injury or why a custom orthotic is warranted. The medical necessity of a custom orthotic for the left ankle is not substantiated in the records. The request is not medically necessary.